

# Debit Card Dispute Form



<b>Cardholder Name:</b>	<b>Primary Number:</b>	<b>Secondary Number:</b>
<b>Mailing Address:</b>		
	<b>City:</b>	<b>State:</b>
		<b>Zip:</b>
<b>Card Number:</b> Debit ATM <b>Account Number:</b>	<b>At the Time of the Fraudulent Transaction, my Card was:</b> In My Possession      Lost Never Received        Stolen	<b>Was law enforcement notified?</b> Yes No
<b>Date Cardholder Discovered Loss:</b>	<b>Date Cardholder Reported Loss to Credit Union:</b>	<b>Date of First Fraudulent Transaction:</b>

**Disputed Transactions:**

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

I've attempted in good faith to resolve this dispute with the merchant(s)

No Yes (If Yes, please include details in the attached statement)

**Category:**

Check one category below that best describes your dispute for the transactions listed above.

**\*\*Please note:** Complete a separate form for each transaction if more than one category applies.

**Unauthorized/Counterfeit Chip Transaction**

I didn't authorize or engage in the transaction.

**Returned Merchandise**

I returned merchandise to the merchant on \_\_\_\_\_ (date).  
A copy of the delivery carrier receipt is enclosed.

**Debit Card Account Billed Twice**

I was incorrectly charged \$ \_\_\_\_\_ on \_\_\_\_\_ (date).  
The correct transaction for \$ \_\_\_\_\_ posted on \_\_\_\_\_ (date).

**Defective Merchandise/Not as Described**

The merchandise arrived broken, defective or otherwise unsuitable OR the product or service received was not as described by the merchant. The merchant's advertisement and a letter explaining what I expected to receive are enclosed. I returned or attempted to return the merchandise on \_\_\_\_\_ (date).

**Merchandise or Service Not Received**

I didn't receive the merchandise or services I expected to receive on \_\_\_\_\_ (date). A detailed description of the merchandise or services purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Credit Slip Issued and Not Processed**

I was issued a credit receipt that didn't post to my account. A copy of the credit receipt is enclosed with this form.

**Canceled Services/Merchandise/Reservation**

I canceled the services/merchandise/reservation on \_\_\_\_\_ (date). However, the merchant continues to bill me. The reservation cancellation number is \_\_\_\_\_.

**Paid by Other Means**

I paid for this transaction using cash, check or another bank card. A copy of my cash receipt canceled check or other bank card statement is enclosed.

**Non-recognition**

I don't recognize this transaction. I've attempted in good faith to identify the transaction.

**Incorrect Amount**

I was billed \$ \_\_\_\_\_, but the correct amount is \$ \_\_\_\_\_. Evidence of the correct amount is enclosed.

**ATM Dispute**

I attempted to withdraw \$ \_\_\_\_\_ from my account at an ATM, but only \$ \_\_\_\_\_ was dispensed. Machine location \_\_\_\_\_

## Debit Card Dispute Form

In the space provided below please explain your attempt to resolve the dispute with the merchant. Include cancellation numbers, persons you spoke with, dates of conversations, etc. Detail any information you think is necessary. If you have receipts, emails, etc. please include those with this dispute form.

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Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_